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CONFIRMATION NO. 8515

SERIAL NUMBER 10/773,836	FILING OR 371(c) DATE 02/05/2004 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. P2015 DIV 1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/282,774 03/31/1999 PAT 6,375,615  
 which claims benefit of 60/080,196 03/31/1998

This application 10/773,836

is a CIP of 08/837,294 04/11/1997 PAT 6,302,875  
 and is a CIP of 09/179,809 10/27/1998 PAT 6,068,638 \*  
 which is a CON of 08/730,496 10/11/1996 PAT 5,830,222  
 which claims benefit of 60/005,164 10/13/1995  
 and claims benefit of 60/010,613 02/02/1996

(\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

28390

**TITLE**

STABILIZED TISSUE PENETRATING CATHETERS

FILING FEE RECEIVED 2136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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